

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/680,228

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1	1		1	
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1	2		2	
18		1	2			
19		1	2			
20		1				
21		1	2			
22		1				
23		1	2			
24		1	2			
25		1	2			
26		1	2			
27		1	2			
28		1	2			
29		1				
30		1	1			
31	1	2	1			
32		1	1			
33		1				
34		1				
35		1	1			
36		1	1			
37		1				
38		1				
39		1				
40		1				
41		1				
42		1	2			
43		1	2			
44		1	2			
45		1	2			
46		1	2			
47		1	2			
48		1	2			
49		1	2			
50		1	1			
TOTAL IND.	3		9			
TOTAL DEP.	78		97			
TOTAL CLAIMS	81		106			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52		1		1		
53		1		1		
54		1		2		
55		1		2		
56		1		2		
57		1		2		
58		1		2		
59		1		2		
60		1		2		
61		1		2		
62		1		2		
63		1		2		
64		1		2		
65		1		1		
66		1		1		
67	1	1	1	1		
68		1		1		
69		1		1		
70		1		1		
71		1		1		
72		1		1		
73		1		1		
74		1		1		
75		1		1		
76		1		1		
77		1		1		
78		1		1		
79		1		1		
80		1		1		
81		1		1		
82			1			
83			1			
84			1			
85			1			
86			1			
87			1			
88				1		
89				1		
90				1		
91				1		
92				1		
93				1		
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						